

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registrar's No. 840

FILED OCT 25 1943

Registration District No. 128

Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County GREENE  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
970 N. Campbell  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. (Specify whether)  
In this community 25 Years  
years, months or days

3. (a) PRINT FULL NAME Henry P. Guthrie

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Julia McLaughlin Guthrie 6. (c) Age of husband or wife if alive unk years

7. Birth date of deceased August 10 1868  
(Month) (Day) (Year)

8. AGE: Years 75 Months 2 Days 1 If less than one day  
hr. min.

9. Birthplace Townley Alabama  
(City, town, or county) (State or foreign country)

10. Usual occupation Physician

11. Industry or business

MOTHER FATHER { 12. Name Unk. Guthrie  
13. Birthplace Unk. Alabama  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Hobart Guthrie

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof Oct. 12, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MAPLE PARK CEM.

18. (a) Signature of funeral director H. H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 10-12-43 (b) W. H. Handley  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39  
(c) City or town Springfield  
(If outside city or town limits, write "RURAL")  
(d) Street No. 970 N. Campbell  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 11  
year 1943 hour 12 minute 20 p. M.

21. I hereby certify that I attended the deceased from Jan 28 1942 to Oct 11 1943  
that I last saw him alive on Oct 9 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerotic Heart Disease 20 MO.  
Duration

Due to

Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) Means of injury

23. Signature W. H. Handley (M. D. or other)  
Address Springfield, Mo. Date signed 10/14/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**

**This body was not embalmed.**